

Health and medicine in a pandemic year: moving from the “winter of despair” to the “spring of hope”

Nicholas J Talley AC

Despite a year of floods, fires and pestilence, we approach 2021 with optimism



It has been a strange and disturbing year. Here in Australia, we would usually now be looking forward to the long summer break, the barbecues and the parties, the leisure time at home. Many would be traveling overseas to visit friends and family. But these have not been normal times.

The year has left an indelible mark on a generation; to paraphrase Charles Dickens' *A Tale of Two Cities*, we have lived through the best of times, the worst of times, the winter of despair, the spring of hope. From a devastating bush-fire season in Australia^{1,2} to floods to the COVID-19 pandemic (including an intense second lockdown in Victoria and internal border closures), increased mental distress and family violence during pandemic restrictions,³ delusional conspiracy theories on social media (eg, 5G spreads SARS-CoV-2, or the pandemic is a hoax), and social unrest and Black Lives Matter protests around the globe:⁴ the multiple crises in 2020 have revealed the best, and the worst, of humanity.

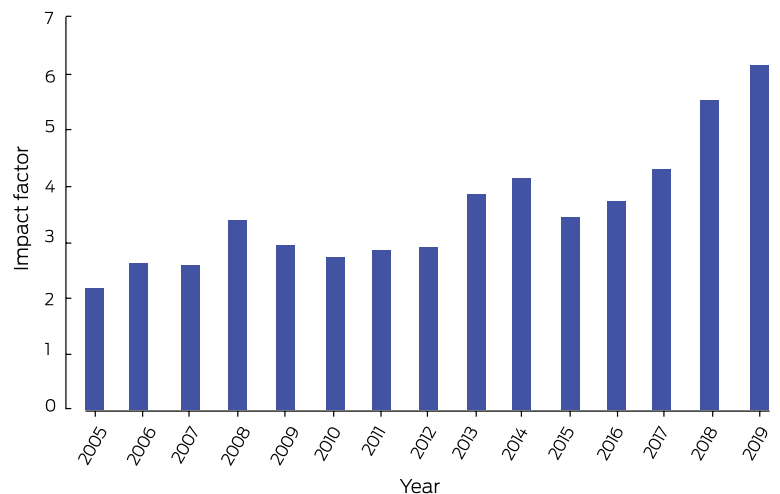
Our response to the COVID-19 pandemic

The *MJA* is proud to have played a role in the national discussion and debate about the COVID-19 pandemic, with the very rapid publication of evidence-based guidelines, perspectives, and expert commentaries. We have published research innovations, such as the isolation, sequencing, and sharing of SARS-CoV-2 from the first Australian patient⁵ to the 3D printing of nasal swabs⁶ and disease models that have had a major impact on government responses.⁷⁻⁹ The *MJA* has engaged in the debate about how to protect health care workers from infection,¹⁰ a devastating outcome of the pandemic that was largely preventable. *MJA* authors have jumped into the often heated debates about schools and virus transmission,¹¹ the value of face masks,¹² the positive and negative effects of various public health measures,^{10,13} lessons learned in an early nursing home outbreak,¹⁴ the urgency of ensuring sufficient numbers of intensive care beds,¹⁵ professional guidelines,^{16,17} and protecting Indigenous Australians,¹⁸ to name a few of the areas touched upon in our Journal. As, despite evidence and expert agreement, aberrant beliefs continued to circulate widely on social media, often causing alarm, the *MJA* has provided a source of reputable peer-reviewed evidence, with expert syntheses of what is known and what has changed, published as rapidly as is responsible.¹⁹

Innovation at the *MJA* has continued and accelerated during the pandemic. The *MJA* flipbook was launched, and is now the preferred way for reading the Journal for many of our subscribers; the end of the dominance of print publication is in sight. The team has successfully worked from home, and coped with a doubling in submissions that spiked with the start of the pandemic, and continues. Even with increased efficiency, however, it takes time to rigorously assess submitted articles, and the sheer volume of submissions has had an impact on the turnaround and publication times of most leading journals, including the *MJA*.²⁰ More pleasing is that our latest (2019) Clarivate journal impact factor, 6.112, is our highest ever, firming our position in the top 10% of general medical journals (Box 1).²¹

The pandemic has fundamentally changed journal publishing.^{19,22} The thirst for information has driven publication times down and accelerated the reviewing of manuscripts, an approach that has also drawn justifiable criticism.^{22,23} The urgency to communicate findings has led to some of the studies submitted to us being publicised in the media ahead of editorial and peer review; this is a practice we do not encourage, because it entails the risk of disseminating inaccurate information. Prominent retractions by the *Lancet* and the *New England Journal of Medicine*²³ have led to careful review of processes at the *MJA*, but we recognise that, despite all safeguards, the risk of serious breaches, including deliberate fraud, remains, and vigilance cannot be relaxed. We have strictly maintained our insistence on strong ethical standards, and continue to require formal ethics assessment for publication of patient-related data, including data from quality assurance audits. We regularly review and update all our processes to ensure maximum rigour, and are confident our standards are as strong as those of the leading journals around the world.

1 The Journal Impact Factor of the *Medical Journal of Australia*, 2005–2019



Source: Journal Citation reports, Clarivate, October 2020.

Early in the pandemic, we established a pre-print facility on our website for high priority COVID-19 articles deemed worthy of inclusion after comprehensive internal methodological review and, when appropriate, rapid external review.¹⁹ These manuscripts have some validity checks, unlike articles on many pre-print servers, but we have often still been able to post them online within 48 hours of receipt. All pre-prints have subsequently undergone our usual stringent peer review and revision processes before the final decision about publication in the Journal. The *MJA* rejection rates have remained very high for both COVID-19 and non-COVID-19 manuscripts (Box 2). While our pre-prints undergo (often extensive) revision before final acceptance, it is pleasing that none has had to be withdrawn or removed for any reason.

Climate change has not slowed and remains a critical challenge

Despite the pandemic and severely curtailed international travel, the world is unlikely to meet the Paris targets for reducing CO₂ emissions.² Early in the year, Australia experienced an unprecedented and devastating bushfire season, an event repeated on the west coast of the United States. It is therefore timely that the *MJA-Lancet* report card on health and climate change in Australia appears for the third consecutive year in the Journal, reflecting the efforts of five Australian institutions in collaboration with University College London, brought together by a partnership between *The Lancet* and the *MJA*.² As a nation, we are underachievers in climate action, having arguably earned a failing grade. Australia continues to experience increased summer temperatures and intense heatwaves that contribute to massive bushfires, and these are predicted to worsen.²⁴ The “Black Summer” bushfires in early 2020 increased airborne particulate matter (PM_{2.5}) concentrations, damaging health, and caused huge loss of property and livelihoods.^{1,25} The science is clear: climate change is a major health risk, and action is needed right now. The reported findings emphasise the urgent need to tackle climate change to reduce

the health risks for generations to come, and Australia needs to be a leader, not a laggard.

The *MJA* has not shied from other sensitive health and social questions, including racism.⁴ The Black Lives Matter movement has sent a powerful message around the world, and any lingering racism in the health system must be exposed and eliminated. The *MJA* continues to welcome evidence-based articles on all aspects of the social determinants of health, a key pillar that must be strengthened if we aspire to be the healthiest (and happiest) multicultural nation on Earth.

But all is not dark

Despite much gloom this year, with floods, fires and pestilence, I feel a renewed sense of optimism is now gripping Australia. The rapid and successful introduction of telehealth has changed the Australian medical landscape for the better. Australia and New Zealand were each global leaders in their public health responses to the pandemic, our health outcomes the envy of the world; we have not experienced the mortality and morbidity our friends in the United Kingdom and the United States have. One lesson learned is that the economy cannot be protected if a virus is running rampant; another is that restrictions during a public health emergency are not infringements of human rights. It is encouraging that the progress of phase III clinical trials of SARS-CoV-2 vaccines suggests that we can be optimistic that the pandemic will be brought to heel in 2021, although it is still early days.

And the *MJA* certainly didn't cancel Christmas this year, despite the pandemic. The annual Christmas competition submissions flooded in with gusto, too many to publish! We finally accepted two poems, including one that helps capture a flavour of the shared experience this year,^{26,27} and four excellent articles that we hope will entertain and amuse. Read about the mystery of the disappearing hospital tearoom cutlery,²⁸ learn about falling in love with a non-existent space,²⁹ and a real bargain at the North Pole.³⁰ I'm pleased to announce that the winners of our Christmas competition this year are David Chapman and Cindy Thamrin, of the Woolcock Institute of Medical Research in Sydney, for their insightful analysis of the impact of pyjamas on productivity while working at home during the pandemic.³¹ We thank all who sent submissions, and apologise we did not have room to publish more (there is always next year). All our entrants deserve a slice of John Fox's double whisky cake!³²

It has been a fascinating five years serving as the Editor-in-Chief of the *MJA*, but none has been more challenging than 2020. At the Journal, we look forward to the New Year with hope and enthusiasm. We sincerely thank all our expert peer reviewers (listed on pages 487–488) — particularly those who have humoured our numerous pleas for rapid review of COVID-19-related manuscripts — as well as our authors, readers, and the distinguished members of the Editorial Advisory Committee for your contributions this year. All of us at the *MJA* wish everyone, and their families, a very happy and healthy holiday season!

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2 Manuscripts received and accepted by the *MJA*, 1 July 2019 – 30 June 2020, by type; number of peer reviewers, 31 October 2019 – 1 November 2020; and Journal Impact Factor (Clarivate), 2019

Manuscripts	Received	Accepted	Proportion accepted
<i>All manuscripts</i>	1829	360	20%
Research articles	643	39	6%
Research letters	128	25	20%
Narrative reviews/meta-analyses	121	7	6%
Guidelines/Guideline summaries	11	4	36%
Editorials	44	42	95%
Lessons from practice/Snapshots	138	28	20%
Perspectives	385	91	24%
Letters to the Editor	174	85	49%
Peer reviewers (31 October 2019 – 1 November 2020)		763	
Journal Impact Factor, 2019*		6.11 (2018: 5.44)	

* Source: Journal Citation reports, Clarivate, October 2020. ♦

Morgan, Aajuli Shukla, and Zoë Silverstone; our Scientific and Structural Editors, Paul Foley, Graeme Prince, and Laura Teruel; our Consultant Biostatistician, Elmer Villanueva; our News and Online Editor, Cate Swannell; our Graphic Designer, Leilani Widya; and our Senior Publishing Coordinator, Kerrie Harding.

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